

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

QM02/0426
FELIX L FISCHER LAW DEPARTMENT
ALLIEDSIGNAL INC TURBOCHARGING SYSTEM
23326 HAWTHORNE BOULEVARD
SUITE 200
TORRANCE CA 90505

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Kathryn A. Costantino (Depositor's name)
Kathryn A. Costantino (Signature)
05/21/2001 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/408,694	09/30/99	007	TRIEU, T	3748 04/26/01
First Named Applicant: ARNOLD, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: VARIABLE GEOMETRY TURBOCHARGER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	90098008	060-602.000	F55 UTILITY	NO	\$1240.00	07/26/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Felix L. Fischer
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: AlliedSignal Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Morristown New Jersey USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☐ Issue Fee
☐ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Applicant's Signature) *Felix L. Fischer* (Date) 5/7/01
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Adjustment date: 05/29/2001 BNGUYEN2
05/25/2001 BNGUYEN2 00000059 011125 09408694
02-FC:561 30.00 CH
05/25/2001 BNGUYEN2 00000059 011125 09408694
01-FC:142 1240.00 CH
02-FC:561 30.00 CH
05/29/2001 BNGUYEN2 00000001 011125 09408694
01-FC:561 3.00 CH

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